

California Emergency Management Agency

EEO CHECKLIST - B

**For Federally Funded CBOs and All State Funded Recipients
(Monitoring/Site Visits)**

RECIPIENTS: Women's Crisis Support-Defensa de Mujeres
IMPLEMENTING AGENCY: Women's Crisis Support – Defensa de Mujeres
GRANT#: RC 09 28 1044
FEDERAL \$: \$135,160
STATE \$: \$ 42,013
CONTACT PERSON AT SITE: Joanne de los Reyes
PHONE #: (831) 722-0964
EMAIL ADDRESS: joanne@wcs-ddm.org

State funded recipients, Community Based Organizations (CBOs), Indian Tribes and Educational/Medical Institutions are exempt from the U.S. Department of Justice requirement of developing an EEOP. CBOs however are monitored by the U.S. Department of Health and Human Services in EEO compliance matters.

All California Emergency Management Agency (CalEMA) recipients, regardless of the type of entity or the amount awarded, are subject to the prohibitions against discrimination in any program or activity and may be required by CalEMA or the U.S. Department of Justice, through selected compliance reviews, to submit data to ensure their services are delivered in an equitable manner to all segments of the service population and their employment practices comply with civil rights requirements.

The following is to assure that CalEMA recipients receiving State and Federal financial assistance are in compliance with civil rights requirements. Please verify that the following EEO documents are available at the site/monitoring visit. If they are not available, please note on this checklist and forward to the EEO Office.

X 1. EEO POLICY - A current Equal Employment Opportunity Policy Statement. The statement should specifically state that the agency is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, ancestry, national origin, age, sex (including pregnancy, childbirth or related medical conditions), marital status, sexual orientation (heterosexuality, homosexuality and bisexuality), medical condition (cancer and genetic characteristics), or disability (medical and physical, including HIV and AIDS), and denial of family medical care leave and pregnancy leave. Additionally, this policy must also apply to deliveries of services to clients and volunteers. This policy must be posted in a prominent place accessible to employees, applicants and clients.

YES X (Request a copy of the policy and indicate if has been issued to staff.)

NO _____ (Provide attachment 1B)

X 2. SEXUAL HARASSMENT POLICY - A current policy specifically stating that the agency prohibits harassment of any kind, including harassment on the basis of sex, race, color, religion, gender, age, mental or physical disability, medical condition, national origin, marital status, veteran status, sexual orientation, or any other characteristic protected under federal or state law or local ordinance.

YES X (Request a copy of the policy) NO _____ (Provide attachment 2B)

X 3. DISCRIMINATION COMPLAINT PROCEDURE - Has the recipient adopted a discrimination complaint procedure for filing complaints, both for their employees, volunteers and clients?

YES X (Request a copy of the procedure) NO _____ (Provide attachment 3B)

X 4. NONDISCRIMINATION POSTER - The CA Department of Fair Employment and Housing (DFEH) poster entitled "Harassment or Discrimination in Employment is Prohibited by Law" must be posted in a conspicuous location accessible to employees and applicants for employment.

YES X NO _____ (Provide attachment 4A)

X 5. PUBLICATIONS – Does the recruitment materials or publications include a policy statement of nondiscrimination for participants, beneficiaries, applicants, or employees?

YES X (Request a copy of the document) NO _____

X 6. COORDINATOR - Has the recipient identified a person responsible for coordinating complaints?

NAME: Janet Seminerio TITLE: Administrative Director

PHONE#: 831.728.8269 EMAIL: janet@wcs-ddm.org

X ☐ **7. FINDINGS OF DISCRIMINATION** – Has the agency had any findings of discrimination issued in the last five years by the Agency, Federal/State Court, or Federal/State administrative agency (i.e. Equal Employment Opportunity Commission (EEOC), California Department of Fair Employment and Housing (DFEH), etc.).

YES _____

NO **X** _____

X ☐ **8. ALLEGATIONS OF DISCRIMINATION** – Has the agency been made aware of any current allegations of discrimination within the (last 2 years) originating from an employee, volunteer or client?

YES _____

NO **X** _____

X ☐ **9. DISSEMINATION of the Equal Employee Opportunity Plan and the Equal Employment Opportunity Policy** - A plan to disseminate the EEO Plan and the EEO Policy to all employees, volunteers, clients and to the general public.

YES **X** (Request a copy)

NO _____ (provide attachment 10A)

X ☐ **10. LIMITED ENGLISH PROFICIENCY (LEP)*** – Has the recipient taken reasonable steps to ensure meaningful access to their programs, services, and information on the services the recipient provides, free of charge? Additionally, has the recipient established and implemented policies and procedures for language assistance services that provide LEP persons with meaningful access, i.e. oral interpretation services, bilingual staff, telephone interpreter lines, written language services, community volunteers, etc.

YES **X** (Request a copy)

NO _____ (provide attachment 11A)

*Persons who do not speak English as their primary language and who have limited ability to read, speak, write, or understand English can be limited English proficient (LEP).

I hereby certify this EEOP Checklist is accurate and complete to the best of my knowledge.

PROGRAM SPECIALIST: _____

DATE: _____

COMMENTS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Upon completion, please send a copy of this checklist to Lisa Abila, EEO Compliance Officer, CalEMA Headquarters.